

MEDICAID GUIDELINE

Effective: 5-1-02

ALLERGY IMMUNOTHERAPY

CPT CODES:

- | | |
|--------------|--|
| 95144 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single dose vial(specify # of vials) |
| 95145 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy(specify # of doses); single stinging insect venom |
| 95146 | two single stinging insect venoms |
| 95147 | three single stinging insect venoms |
| 95148 | four single stinging insect venoms |
| 95149 | five single stinging insect venoms |
| 95165 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify # of doses) |
| 95170 | whole body extract of biting insect or other arthropod (specify # of doses) |

The above codes are for the actual serum. No separate J code is needed. Make sure the number of vials or doses given is indicated.

The code for the injection should be 95115 or 95117. This should be billed along with one of the above codes unless patient brings in own serum.

Re-testing with the same antigen(s) should rarely be necessary within a three year period. Claims for re-testing within a three year period should be submitted with documentation of the medical necessity.

Testing done on separate days for different antigens is acceptable as long as the total number of tests done within any three year period is not excessive.

COVERED DIAGNOSIS CODES: (list is not all inclusive)

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|---------------|---|
| 372.00 | Acute conjunctivitis, unspecified |
| 372.05 | Acute atropic conjunctivitis |
| 372.13-372.14 | Vernal and other chronic allergic conjunctivitis |
| 381.01 | Acute serous otitis media |
| 381.3 | Other and unspecified chronic nonsuppurative otitis media |
| 382.9 | Unspecified otitis media |
| 461.0-461.9 | Acute sinusitis |
| 462 | Acute pharyngitis |

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463	Acute tonsillitis
464.00	Acute laryngitis
466.0	Acute bronchitis
471.0	Polyp of nasal cavity
471.8-471.9	Other and unspecified polyp of sinus or nasal cavity
473.0-473.9	Chronic sinusitis
477.0	Allergic rhinitis due to pollen
477.8-477.9	Allergic rhinitis due to other allergen or unspecified
478.0	Hypertrophy of nasal turbinates
493.00-493.02	Extrinsic asthma
493.10-493.12	Intrinsic asthma
493.20-493.22	Chronic obstructive asthma
493.90	Asthma, unspecified
535.40	Other specified gastritis
691.8	Other atopic dermatitis and related conditions
692.0-692.6	Contact dermatitis and other eczema
692.70-692.74	Contact dermatitis due to solar radiation
692.79	Other dermatitis due to solar radiation
692.81-692.89	Contact dermatitis due to other specified agents
692.9	Dermatitis, unspecified cause
693.0	Dermatitis due to drugs and medicines
693.1	due to food
693.8	due to other specified substances taken internally
693.9	due to unspecified substance taken internally
698.9	Unspecified pruritic disorder
708.0	Allergic urticaria
708.1	Idiopathic urticaria
708.8	Other specified urticaria
708.9	Urticaria, unspecified
786.09	Respiratory distress
786.2	Cough
995.0	Other anaphylactic shock
995.1	Angioneurotic edema
995.2	Unspecified adverse effect of drug, medicinal and biological substance
995.3	Allergy, unspecified
V14.0-V14.9	Personal history of allergy to medicinal agents
V15.01-V15.09	Allergy, other than to medicinal agents
E946.9	Unspecified agent primarily affecting skin and mucous membrane
E947.9	Unspecified drug or medicinal substance